

# Employment Application

Please Print

Date: \_\_\_\_\_  
 Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_  
 Zip/Postal Code: \_\_\_\_\_  
 Personal Email: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Positions Applied for: \_\_\_\_\_  
 Salary Desired: \_\_\_\_\_



How did you hear about us?  Advertisement  Internet  Other  Employee Referral  State Employment Commission

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied?  Yes  No

If yes please explain: \_\_\_\_\_

Have you ever worked for Cape Fox Corporation or one of its subsidiaries?  Yes  No

If offered employment, can you provide proof of authorization for employment in the United States?  Yes  No

Hours Available to Work:  Full-Time  Part-time  Full or Part-time

Date available for employment: \_\_\_\_\_ Are you willing to work overtime as necessary?  Yes  No

During the last ten years, have you ever been convicted of a crime other than minor traffic offense?  Yes  No

If yes, explain: \_\_\_\_\_  
 (A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

State name(s) of any relative(s) in our employ and your relationship to them or select N/A.

N/A \_\_\_\_\_

Are you an Alaskan Native Corporation Shareholder?  Yes  No

If yes, which Corporation? \_\_\_\_\_

Have you ever served in the U.S. Armed Forces?  Yes  No

If yes, please provide dates of service, duties, and special training that might be relevant to the position in which you have applied.

\_\_\_\_\_

## Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
College Bus. or Trade School			
Professional School			
Certifications			

# Previous Employment (list up to 3)

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer:  Yes  No

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer:  Yes  No

Continue on the next page

3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer:  Yes  No

Skills:

Typing:

Computer:  PC  Mac  Both

Applications (list all that apply):

Other Skills:

Please list 2 references other than relatives and previous employers

Name	Position	Company	Telephone

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

**Applicant's Statement**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that any offer of employment by Cape Fox Corporation must be in writing. Verbal offers shall have no force or effect until confirmed in writing. Any offer of employment may be withdrawn with or without cause at the discretion of Cape Fox Corporation.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant Signature:

Date:

## Voluntary EEO Identification

Cape Fox Corporation, its subsidiaries, and joint ventures will provide equal employment opportunities to all persons and prohibits employment decisions on the basis of race, religion, color, creed, national origin, sex, age, disabling condition, political affiliation, protected veterans status, or sexual orientation. All selection, hiring, and promotion decisions will be based on valid job related requirements consistent with performance of the essential functions of the position. This policy is in keeping with Executive Order 11246, as amended, Title IX of the Education Amendments of 1972, the Equal Pay Act of 1963, Sections 503 and 504 of the Rehabilitation Act of 1973, the Civil Rights Restoration Act of 1988, the Vietnam Veterans Readjustment Assistance Acts, as amended, and other applicable federal and state laws. Cape Fox Corporation, its subsidiaries and joint ventures offer preference to Cape Fox Corporation shareholders, descendants and other Native Americans pursuant to Public Law 100-241.

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, gender, and type of position for which an individual applies. The information requested below is for compliance with certain record-keeping requirements and to determine recruitment and employment patterns. This sheet will be kept confidential and maintained separately from your application form.

COMPLETION OF THIS SHEET IS VOLUNTARY AND IS NOT A REQUIREMENT FOR EMPLOYMENT.

Name:

Date

Desired Position:

Gender:  Female  Male

Race/Ethnic Data:

- Hispanic or Latino- Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Non-Hispanic or Latino)- Person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Non-Hispanic or Latino)- Person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Pacific Islander (Non-Hispanic or Latino)- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicate their race as "Native Hawaiian," "Guamanian or Chamorro," "Samoan," and "Other Pacific Islander."
- American Indian or Alaskan Native (Non-Hispanic or Latino)- Person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Asian- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian."
- Two or More Races (Non-Hispanic or Latino)- People may have chosen to provide two or more races either by checking two or more race response check boxes, by providing multiple write-in responses, or by some combination of check boxes and write-in responses.

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans, and Vietnam Era Veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

Veteran Classification(s):

- Disabled Veteran
- Other Protected Veteran
- Armed Forces Service Medal Veteran
- Recently Separated Veteran

